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(City/State/Zip/Phone #)

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(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STRETCH THERAPY LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Cayetano  
Name of Person

Mobile Stretch Therapy LLC  
Firm/Company

4363 Willow Pond RD  
Address

West palm Beach, FL 33417  
City/State and Zip Code

stretchpro209@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF CAYETANO at 561 331-9326  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STRETCH THERAPY LLC

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 13 AUGUST, 2019

*Debra V. Cayton*  
signature of a member or authorized representative of a member

JEFF CAYETANO

Typed or printed name of signee